

examined for dynamoscopic indications, when I found very little of that peculiar sound at the end of the fingers which was distinct and full on the sound hand. Here, then, was a case in which the weak circulation with scarcely a well-defined pulsation, was characterized by a deficiency of that peculiar sound at the ends of the fingers which is found to be well marked in the healthy state of the organism, and I take it, as very strikingly corroborating my view, that these sounds are caused by the propulsion of the blood through the capillary vessels in the extremities of the part examined. This limb was subsequently amputated as useless.

If we undertake a long brief analysis of the three cases, it will be noted that all were equally deprived of the power of motion; and hence, if muscular contractility was a *sine qua non* of these sounds, they should not have been observed in any of the cases. Yet they were perceptible in each, but most defective in the instance of impaired circulation, and seem there to bear a direct relation to the tone of the circulation.

This renders the subject of dynamoscopy of considerable importance, as affording a clue to the vital forces of the organism. And my own conviction is, that a close investigation of the bearings of this organic indication will conduct the medical inquirer to the most satisfactory information as to the power and capacities of the different subjects who require medical treatment.

Muriatic Acid in Scarlet Fever; Caution in regard to the Use of Calomel.
By RICHARD MCSHERRY, M. D., of Baltimore, Md.—Some years ago, pending the preparation of the chlorine mixture as recommended by Dr. Watson, I gave to children affected with scarlet fever small doses, from one to three drops, of muriatic acid, largely diluted with water. I was more pleased with its effects than I ever had been with the chlorine mixture; and I have since continued to use it with the most gratifying success. The dilute acid is readily taken by children, and cleanses the throat effectually in its passage, thus superseding, to a great extent, the necessity for gargles, injections, &c. I give my little patients oranges to eat, and lemonade to drink, keep up faithfully a surface inunction, and use habitually little other medicine than the acid. It may be necessary to clear out the *primæ viæ* by an emetic or an aperient, or both; but I have long since given up the use of purgatives as not only improper, but very dangerous. A single dose of calomel may be well in the beginning, but no acids should be given with it, or should even follow it speedily. The physician must have forgotten the very *principia* of his profession, who would give muriatic acid, or chlorine in any form, with mercury; though Dr. Wood tells us he has heard of a fatal case where calomel and nitro-muriatic acid were given conjointly. The danger from the association of the vegetable acids with that drug is not so obvious, and may therefore be overlooked. But it has happened that the *vegetable acids* have converted calomel into a more dangerous form of mercury; and a fatal case is recorded merely from its being given in that very popular vehicle, currant-jelly. “*Un enfant qui avait pris du calomel sur une tartine de gelée de groseilles, a succombé au bout de quelques heures à un empoisonnement par le bichlorure de mercure; en effet, par suite du contact de l'acide citrique contenu dans le gelée de groseilles, le protochlourure de mercure s'était transformé en bichlorure.*” (Cited by M. Wahn.) The practical physician should not let such an instance as this escape his memory.

Experiments with Bibron's Antidote to the Poison of Reptiles. By E. M. WALKER, M. D., of Gonzales, Texas.—Believing that too much evidence

cannot be had upon the efficacy of Bibron's antidote to the poison of reptiles, I forward my experience with it.

I was called, on Wednesday night, 30th June, 1858, to Benjamin Watkins, aet. 35, who had been bitten over the metacarpal bones of the third and fourth fingers of the left hand, on the Sunday previous, by a black moccasin or cotton-mouth of the south, a variety of the *trigonocephalus piscivorus*. The family being absent, he took a pint bottle of whiskey, and after drinking some of it, started to a neighbouring house—fell to the ground after walking about a half mile; arose and made another effort to proceed on the way, fell a second, and a third time; after which he was unable to rise again. He remained where he last fell, in the sun, without water, from about 11 o'clock A. M., until 6½ o'clock P. M., when he was found and carried home. He drank about a pint of whiskey during the day; had some nitrate of potash administered Sunday night. Tuesday had some tea from the curcle burr, with various kinds of poultices to the hand and arm. When I saw him, he was delirious, with occasional lucid moments; pupils much dilated; bathed in profuse perspiration; pulse 120, and very feeble. The hand very much swollen, with some sloughing, and immense sanious discharge. Forearm and arm swollen, with much purple discolored, and extensive abrasions along the belly of the "biceps flexor cubiti," with sanious discharge. The muscles of the whole chest, back and front, were much swollen, and very tender to the touch, with purple discolored over the pectoral, deltoid, and scapular muscles of the left side, and dark purple appearance from the clavicle to the ilium of the right side; his breathing deep and very laboured. Gave him in 3ss whiskey, Bibron's Antidote, gtt. xx; in thirty minutes repeated the same dose, immediately after which he vomited a quantity of white frothy fluid. In an hour repeated the same dose, immediately after which gave him sulph. morphia ¼ grain. Patient continued quite delirious about an hour, when he went to sleep, awaking in two hours. Delirium subsided. Pulse 110. Breathing somewhat relieved. Left him then, about sunrise. Ordered sulph. quinine gr. iij; camph. pulv. gr. iij; to be given every six hours, and the sloughing and abraded parts to be dressed with charcoal poultices, and all the swollen parts to be bathed frequently in salt water. Having to leave the county for a few days, I procured the services of Dr. McKay in the case during my absence. He continued the treatment two days, when, finding the patient with a furred tongue, gave him a mercurial, and substituted iodide potassa gr. iij, three times a day, for the quinine and camphor, and a stimulating ointment for the poultices, to the sloughing parts, and Lugol's solution of iodine in place of the salt bath to the swollen parts. I saw the case again on Wednesday, July 7th. Continued the iodide potassa. Substituted the charcoal poultice with the addition of a solution of creasote for the stimulating ointment, and suspended Lugol's solution. On Saturday, 10th July, the abrasions on the arm had healed—the sloughing of the hand had extended all over the third and fourth fingers, over the second, third, and fourth metacarpal and unciform bone, on the dorsal aspect of the hand, and all over the palmar surface of the hand extending back to the radio-carpal articulation. In connection with Dr. McKay, amputation of the forearm was determined upon, which I did, performing the double flap operation in the lower third. On the 18th day after the operation, the patient was riding over the country, with the stump entirely healed. Upon examination of the wrist-joint after amputation, found about a drachm of pus in the synovial sac. I think no one can attribute this recovery to any other agent than the bromine compound of Prof. Bibron.